

**This is the
front side
of the SF
361
TDR**

[illegible]

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:

- Section 1: General Information** (Blocks 1-10): Includes fields for shipper, carrier, commodity, and date.
- Section 2: Discrepancy Details** (Blocks 11-20): Includes fields for description of discrepancy, quantity, and value.
- Section 3: Investigation and Resolution** (Blocks 21-30): Includes fields for investigation results, corrective actions, and resolution status.
- Section 4: Signatures and Dates** (Blocks 31-33): Includes fields for signatures and dates of the shipper, carrier, and investigator.

Part I, blocks 1 through 33 are used

- ❖ to request information from the shipper
- ❖ to give notification to the carrier on any discrepancy in the shipment
- ❖ to report any miscellaneous problems which interferes in the timely and proper movement of freight

Block 1 - Date

❖ Enter Julian date the report is prepared



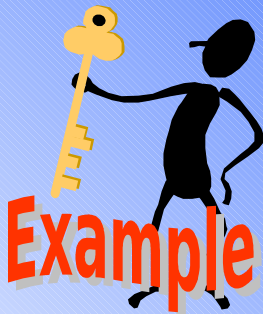
December 10, 1999, would be reported as 9345

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is titled "TRANSPORTATION DISCREPANCY REPORT" and includes sections for "PART 1: GENERAL INFORMATION" and "PART 2: DISCREPANCY INFORMATION". It contains various fields for reporting discrepancies, including a table for "DISCREPANCY INFORMATION" with columns for "DISCREPANCY TYPE", "DISCREPANCY DESCRIPTION", "DISCREPANCY LOCATION", "DISCREPANCY DATE", "DISCREPANCY TIME", "DISCREPANCY SEVERITY", "DISCREPANCY STATUS", and "DISCREPANCY COMMENTS". The form also includes a section for "DISCREPANCY SUMMARY" and a footer with contact information.

Block 2 - Report Number

Consists of 2 parts:

- ❖ Enter Activity Address Code (AAC), if assigned, of reporting activity
- ❖ Enter 4-digit number (0001-9999) for each TDR issued within calendar year



ARSC Elizabeth City's third TDR of the year is reported as Z50100-0003

☒ Check the appropriate block

- ☒ Request for Information (RFI)
- ☒ Initial Notification
- ☒ Miscellaneous Problems

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is titled "TRANSPORTATION DISCREPANCY REPORT" and includes sections for "PART 1: DISCREPANCY INFORMATION" and "PART 2: DISCREPANCY DETAILS". It contains a table for reporting discrepancies with columns for "DATE OF DISCREPANCY", "LOCATION OF DISCREPANCY", "MODE OF TRANSPORT", "TYPE OF DISCREPANCY", "QUANTITY OF DISCREPANCY", "REASON FOR DISCREPANCY", "ACTION TAKEN", and "STATUS". The form also includes a section for "DISCREPANCY SUMMARY" and a footer with contact information for the Department of Transportation.

Block 3 - To

- ❖ Enter name, address, and zip code of office or carrier to which the TDR is to be sent



**Yellow Freight Systems,
Inc.**

1313 Cavalier Blvd.

Chesapeake, VA 23323

Block 4 - Reporting Activity

- ❖ Enter name, address, and zip code of reporting activity
- ❖ Enter AAC in shaded block, if assigned



USCG Aircraft Repair & Supply Center
Bldg. 63
Elizabeth City, NC 27909
Z50100

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. REPORT NUMBER		3. DATE OF LOSS (MM/DD/YY)	
4. REPORT TYPE		5. FUEL		6. INCIDENT TYPE		
<input type="checkbox"/> REQUEST FOR INVESTIGATION <input type="checkbox"/> INITIAL INVESTIGATION <input type="checkbox"/> FOLLOW-UP INVESTIGATION		7. INITIAL INVESTIGATION		8. INVESTIGATION RESULTS		
9. TO		10. FROM		11. VEHICLE/CONTAINER		
12. CARRIER		13. CARRIER				
14. DRIVER		15. CARRIER OFFICE AND REPRESENTATIVE				
16. TYPE OF TRAILER		17. CARRIER'S PROGRAM OF LOSS PREVENTION				
18. DETENTION		19. BILL OF LADING NO.				
20. LOSS CODE		21. LOSS CODE		22. LOSS CODE		23. LOSS CODE
24. LOSS CODE		25. LOSS CODE		26. LOSS CODE		27. LOSS CODE
28. LOSS CODE		29. LOSS CODE		30. LOSS CODE		31. LOSS CODE
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244. LOSS CODE		245. LOSS CODE		246. LOSS CODE		247. LOSS CODE
248. LOSS CODE		249. LOSS CODE		250. LOSS CODE		251. LOSS CODE
252. LOSS CODE		253. LOSS CODE		254. LOSS CODE		255. LOSS CODE

Block 5 - Consignor

- ❖ **Enter name, address, and zip code of activity making or directing the shipment**
- ❖ **Enter AAC in shaded block, if assigned**



Vendor Widgets, Inc.
123 Nowhere Lane
Who Knows, CA 92109

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. REPORT NUMBER	3. DATE OF INCIDENT (MM/DD/YY)
4. INCIDENT CATEGORY		5. INITIAL DESCRIPTION		6. INITIAL LOCATION/PROBLEM
7. TO		8. FROM		9. FROM
10. CONTAINER		11. CONTAINER		
12. SUPPLY		13. LOCATION OF THE DISCREPANCY		
14. TYPE OF ISSUE		15. NUMBER OF REPORTS FILED		
16. DETECTION		17. NAME OF AGENCY/INVESTIGATOR		
18. ROAD USE		19. TYPE OF INCIDENT		20. NAME OF PERSONS INVOLVED
21. ROAD NAME AND LOCATION		22. TYPE OF INCIDENT		23. NAME OF PERSONS INVOLVED
24. ROAD NAME AND LOCATION		25. TYPE OF INCIDENT		26. NAME OF PERSONS INVOLVED
27. ROAD NAME AND LOCATION		28. TYPE OF INCIDENT		29. NAME OF PERSONS INVOLVED
30. ROAD NAME AND LOCATION		31. TYPE OF INCIDENT		32. NAME OF PERSONS INVOLVED
33. ROAD NAME AND LOCATION		34. TYPE OF INCIDENT		35. NAME OF PERSONS INVOLVED
36. ROAD NAME AND LOCATION		37. TYPE OF INCIDENT		38. NAME OF PERSONS INVOLVED
39. ROAD NAME AND LOCATION		40. TYPE OF INCIDENT		41. NAME OF PERSONS INVOLVED
42. ROAD NAME AND LOCATION		43. TYPE OF INCIDENT		44. NAME OF PERSONS INVOLVED
45. ROAD NAME AND LOCATION		46. TYPE OF INCIDENT		47. NAME OF PERSONS INVOLVED
48. ROAD NAME AND LOCATION		49. TYPE OF INCIDENT		50. NAME OF PERSONS INVOLVED
49. ROAD NAME AND LOCATION		50. TYPE OF INCIDENT		51. NAME OF PERSONS INVOLVED
50. ROAD NAME AND LOCATION		51. TYPE OF INCIDENT		52. NAME OF PERSONS INVOLVED
51. ROAD NAME AND LOCATION		52. TYPE OF INCIDENT		53. NAME OF PERSONS INVOLVED
52. ROAD NAME AND LOCATION		53. TYPE OF INCIDENT		54. NAME OF PERSONS INVOLVED
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57. ROAD NAME AND LOCATION		58. TYPE OF INCIDENT		59. NAME OF PERSONS INVOLVED
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68. ROAD NAME AND LOCATION		69. TYPE OF INCIDENT		70. NAME OF PERSONS INVOLVED
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70. ROAD NAME AND LOCATION		71. TYPE OF INCIDENT		72. NAME OF PERSONS INVOLVED
71. ROAD NAME AND LOCATION		72. TYPE OF INCIDENT		73. NAME OF PERSONS INVOLVED
72. ROAD NAME AND LOCATION		73. TYPE OF INCIDENT		74. NAME OF PERSONS INVOLVED
73. ROAD NAME AND LOCATION		74. TYPE OF INCIDENT		75. NAME OF PERSONS INVOLVED
74. ROAD NAME AND LOCATION		75. TYPE OF INCIDENT		76. NAME OF PERSONS INVOLVED
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90. ROAD NAME AND LOCATION		91. TYPE OF INCIDENT		92. NAME OF PERSONS INVOLVED
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102. ROAD NAME AND LOCATION		103. TYPE OF INCIDENT		104. NAME OF PERSONS INVOLVED
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104. ROAD NAME AND LOCATION		105. TYPE OF INCIDENT		106. NAME OF PERSONS INVOLVED
105. ROAD NAME AND LOCATION		106. TYPE OF INCIDENT		107. NAME OF PERSONS INVOLVED
106. ROAD NAME AND LOCATION		107. TYPE OF INCIDENT		108. NAME OF PERSONS INVOLVED
107. ROAD NAME AND LOCATION		108		

Block 6 - Consignee

- ❖ **Enter name, address, and zip code of activity scheduled to receive the shipment**
- ❖ **Enter AAC in shaded block, if assigned**
- ❖ **When consignee is the reporting activity, enter “Same as block 4”**

TRANSPORTATION DISCREPANCY REPORT

PART 1: DISCREPANCY INFORMATION

1. TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ REOPENED REPORT

2. DISCREPANCY: ☐ DAMAGE TO FREIGHT ☐ LOSS OF FREIGHT ☐ LOSS OF PROPERTY

3. DATE:

4. CARRIER:

5. DATE OF LOSS:

6. DATE OF REPORT:

7. NAME OF SHIPPER:

8. ADDRESS:

9. CITY:

10. STATE:

11. ZIP:

12. PHONE:

13. FAX:

14. E-MAIL:

15. NAME OF CARRIER:

16. ADDRESS:

17. CITY:

18. STATE:

19. ZIP:

20. PHONE:

21. FAX:

22. E-MAIL:

23. NAME OF RECEIVING PARTY:

24. ADDRESS:

25. CITY:

26. STATE:

27. ZIP:

28. PHONE:

29. FAX:

30. E-MAIL:

31. NAME OF INSURER:

32. ADDRESS:

33. CITY:

34. STATE:

35. ZIP:

36. PHONE:

37. FAX:

38. E-MAIL:

39. NAME OF AGENT:

40. ADDRESS:

41. CITY:

42. STATE:

43. ZIP:

44. PHONE:

45. FAX:

46. E-MAIL:

47. NAME OF BROKER:

48. ADDRESS:

49. CITY:

50. STATE:

51. ZIP:

52. PHONE:

53. FAX:

54. E-MAIL:

55. NAME OF FREIGHT BROKER:

56. ADDRESS:

57. CITY:

58. STATE:

59. ZIP:

60. PHONE:

61. FAX:

62. E-MAIL:

63. NAME OF FREIGHT BROKER:

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397. FAX:

398. E-MAIL:

399. NAME OF FREIGHT BROKER:

400. ADDRESS:

401. CITY:

402. STATE:

403. ZIP:

404. PHONE:

405. FAX:

406. E-MAIL:

407. NAME OF FREIGHT BROKER:

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410. STATE:

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441. CITY:

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449. CITY:

450. STATE:

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538. STATE:

539. ZIP:

540. PHONE:

541. FAX:

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679. NAME OF FREIGHT BROKER:

680. ADDRESS:

681. CITY:

682. STATE:

683. ZIP:

684. PHONE:

685. FAX:

686. E-MAIL:

687. NAME OF FREIGHT BROKER:

The image shows a sample of a Transportation Discrepancy Report (TDR) form, specifically Block 8, which is highlighted with a red border. The form contains various fields for reporting discrepancies in transportation, including carrier information, dates, and a table for recording discrepancies.

Block 8 - Carrier Routing and Identification

- ❖ Enter name of carrier(s) identification number of car, truck, trailer, the name of the vessel, or the trailer/container number
- ❖ Enter Standard Carrier Alpha Code (SCAC) from the transportation document in the shaded block. If more than one carrier was used, show each SCAC in each shaded block

TRANSPORTATION DISCREPANCY REPORT

PART 1

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE: TIME:

LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

PART 2

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE: TIME:

LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

Block 9 - Point of Origin

❖ Leave blank **UNLESS** different than block 5

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER NUMBER	3. DATE RECEIVED
REPORT				
<input type="checkbox"/> REQUEST FOR INFORMATION ONLY <input type="checkbox"/> INITIAL REPORT ONLY <input type="checkbox"/> INITIAL REPORT ONLY				
4. TO		5. FROM		
6. CARRIER		7. CARRIER		
8. CARRIER		9. CARRIER		
10. CARRIER		11. CARRIER		
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96. CARRIER		97. CARRIER		
98. CARRIER		99. CARRIER		
100. CARRIER		101. CARRIER		

Block 10 - Carrier's Pro/Freight Bill Number

❖ Copy the number from the carrier's delivery receipt



267-300569

Block 12 - Bill of Lading Number/Type

- ❖ Enter the bill of lading number
- ❖ Indicate type - GBL for Government Bill of Lading; CBL for Commercial Bill of Lading



G-7654321 (GBL)
or
9467A21 (CBL)

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:

- SECTION 1: REPORTING INFORMATION** (Shipper, Carrier, Consignee, etc.)
- SECTION 2: DISCREPANCY INFORMATION** (Description of discrepancy, Date of discovery, etc.)
- SECTION 3: ACTION TAKEN** (Corrective action, etc.)
- SECTION 4: SIGNATURES** (Shipper, Carrier, Consignee, etc.)
- SECTION 5: NOTES** (Additional information, etc.)

Block 13 - Mode Code (see next slide for codes)

❖ Enter the appropriate code from table in Section B, 41 CFR 101-40.4901-361-1



***B - for an LTL truck shipment
or
5 - for movement by UPS***

TRANSPORTATION DISCREPANCY REPORT		CARRIER/ARRIER		DATE PREPARED	
REPORT		PART 1		DATE	
<input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY <input type="checkbox"/> INITIAL INVESTIGATION <input type="checkbox"/> INITIAL LITIGATION/INVESTIGATION					
1. TO		2. FROM			
3. CARRIER		4. CARRIER			
5. DATE		6. DATE			
7. DATE OF LOSS		8. DATE OF LOSS			
9. DATE OF LOSS		10. DATE OF LOSS			
11. DATE OF LOSS		12. DATE OF LOSS			
13. DATE OF LOSS		14. DATE OF LOSS			
15. DATE OF LOSS		16. DATE OF LOSS			
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93. DATE OF LOSS		94. DATE OF LOSS			
95. DATE OF LOSS		96. DATE OF LOSS			
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99. DATE OF LOSS		100. DATE OF LOSS			

Code

Mode

A	Motor, truckload.
B	Motor, less than truckload.
C	Van (unpacked, uncrated-personal or Government property).
D	Driveway, truckaway, towaway.
E	Bus.
F	Military Airlift Command (MAC).
G	Parcel post, surface.
H	Parcel post, air.
I	Government trucks, for shipment outside local delivery area.
J	Small package carrier.
K	Rail, carload*.
L	Rail, less than carload*.
M	Freight Forwarder.
N	LOGAIR (commercial air charter service--Air Force controlled).
O	Organic military air.
P	Through Government bill of lading (TGBL).
Q	Air freight, air express, air charter (commercial).
R	Expedited air freight.
S	Scheduled truck service (applies to contract carriage, guaranteed traffic routings and/or scheduled service).
T	Air freight forwarder.
U	Quicktrans (commercial air charter service--Navy controlled).
V	SEAVAN.
W	Water, river, lake, coastal (commercial).
X	Bearer, walk-thru (customer pickup of material).
Y	Intratheater airlift service.
Z	MSC (Military Sealift Command--controlled contract or arranged space).
2	Government watercraft, barge, lighter.
3	RORO (roll-on, roll-off) service.
4	ARFCOS (Armed Forces Courier Service).
5	United Parcel Service.
6	Military official mail (MOM).
7	Express mail.
8	Pipeline.
9	Local delivery by Government or commercial truck including deliveries between air or water terminals and adjacent activities. Within CONUS, the local delivery area is defined in tariffs governing local application of carrier service as filed with regulatory authorities.

*Includes trailer/container-on-flat-car (excluding SEAVAN).

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:

- Section 1: General Information** (Carrier, Date, Time, Location, etc.)
- Section 2: Description of Discrepancy** (Type of discrepancy, Description, etc.)
- Section 3: Investigation** (Investigator, Date, etc.)
- Section 4: Resolution** (Resolution, Date, etc.)
- Section 5: Remarks** (Remarks, Date, etc.)

 The form is filled out with sample data, and the word 'Example' is written in large red letters across the bottom.

Block 14 - Date carrier signed for shipment

❖ Enter Julian date carrier picked up and signed for shipment

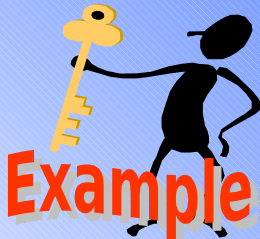


December 2, 1999
would be reported as
9337

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER/ARRIER	3. DATE RECEIVED
REPORT				
4. TO: <input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY <input type="checkbox"/> INITIAL REPORT/CLAIM <input type="checkbox"/> INITIAL CLAIM/RECEIPT				
5. TO: <input type="checkbox"/> INITIAL REPORT/CLAIM <input type="checkbox"/> INITIAL CLAIM/RECEIPT				
6. CARRIER				
7. CARRIER				
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100. CARRIER				

Block 15 - Date consignee received shipment

- ❖ Enter Julian date of receipt of shipment
- ❖ If shipment is “all short,” leave blank



9340

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER/ARRIER	3. DATE OF DISCOVERY
REPORT				
PART 1				
<input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY <input type="checkbox"/> INITIAL REPORT/INQUIRY <input type="checkbox"/> INITIAL REPORT/INQUIRY				
4. TO		5. FROM/ACTIVITY		
6. DAMAGE		7. DAMAGE		
8. DAMAGE		9. DAMAGE		
10. DAMAGE		11. DAMAGE		
12. DAMAGE		13. DAMAGE		
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100. DAMAGE		101. DAMAGE		

Block 16 - Date discrepancy discovered

- ❖ Enter Julian date when shortage or damage to the shipment was discovered



9340

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER/ARRIER	3. DATE OF REPORT
4. REPORT TYPE		5. REPORTING OFFICE		
6. REPORTING OFFICE		7. REPORTING OFFICE		
8. REPORTING OFFICE		9. REPORTING OFFICE		
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96. REPORTING OFFICE		97. REPORTING OFFICE		
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100. REPORTING OFFICE		101. REPORTING OFFICE		

Block 17 - Date carrier notified

- ❖ Enter Julian date carrier was first notified of the discrepancy
- ❖ Enter how carrier was notified



9340, telephone

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:

- Section 1: Carrier Information** (Carrier Name, Address, City, State, Zip, Country, Telephone Number, Fax Number, E-mail Address, Website Address)
- Section 2: Description of the Discrepancy** (Date of Discrepancy, Location of Discrepancy, Description of Discrepancy, Quantity of Discrepancy, Value of Discrepancy, Date of Report, Name of Reporter, Title of Reporter, Company of Reporter, Address of Reporter, City of Reporter, State of Reporter, Zip of Reporter, Country of Reporter, Telephone Number of Reporter, Fax Number of Reporter, E-mail Address of Reporter, Website Address of Reporter)
- Section 3: Contact Information** (Name of Contact, Title of Contact, Company of Contact, Address of Contact, City of Contact, State of Contact, Zip of Contact, Country of Contact, Telephone Number of Contact, Fax Number of Contact, E-mail Address of Contact, Website Address of Contact)

Block 18 - Name of person contacted

❖ Enter name and telephone number of carrier's representative contacted



T. Jones, 800-424-6000

or

Ella, RDWY, 317-543-6841

Block 19 - Seal numbers and condition

- ❖ Enter “X” in the appropriate block to show seal numbers and condition at delivery
- ❖ Explain any variance between seal number(s) shown on the transportation document and seal(s) affixed to carrier’s equipment



Seal #45932 at destination, intact

The image shows a sample of a Transportation Discrepancy Report (DTCG38-99-D-10009) form. The form is divided into several sections: 1. TO (Request for Information/Supply, Detail Inspection, or Miscellaneous), 2. DISCREPANCY (Description, Location, and Date of Discovery), 3. DISPOSITION (Disposition for Rejection, Disposition for Repair, and Disposition for Other), and 4. DATA SUMMARY AND COMMENTS (Summary of Discrepancy, Summary of Disposition, and Comments). The form is filled out with sample data, including a contract number (DTCG38-99-D-10009) and a transportation control number (Z20285-9137-9402).

Block 20 - Acquisition document and/or TCN

- ❖ Cite the applicable acquisition or requisition document number, the purchase order number, and/or the transportation control number (TCN)



**DTCG38-99-D-10009 [contract number] or
Z20285-9137-9402 [TCN]**

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. REPORT NUMBER	3. DATE OF INCIDENT (MM/DD/YY)
4. INCIDENT CATEGORY		5. FLEET		6. INCIDENT TYPE
<input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY <input type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> IN-PROGRESS INSPECTION <input type="checkbox"/> AFTER-LOSS/INVESTIGATION				
7. CONTACT		8. CONTACT		
9. ADDRESS		10. ADDRESS AND/OR LOCATION		
11. TYPE OF TRUCK		12. LICENSED DRIVER'S FULL NAME		
13. DETENTION		14. BILL OF LADING NO.		
15. ROAD USE		16. TYPE OF CARRIER		17. NAME OF PERSONS EMPLOYED
18. (1) DATE		19. (2) DATE		20. (3) DATE
21. (4) DATE		22. (5) DATE		23. (6) DATE
24. (7) DATE		25. (8) DATE		26. (9) DATE
27. (10) DATE		28. (11) DATE		29. (12) DATE
30. (13) DATE		31. (14) DATE		32. (15) DATE
33. (16) DATE		34. (17) DATE		35. (18) DATE
36. (19) DATE		37. (20) DATE		38. (21) DATE
39. (22) DATE		40. (23) DATE		41. (24) DATE
42. (25) DATE		43. (26) DATE		44. (27) DATE
45. (28) DATE		46. (29) DATE		47. (30) DATE
48. (31) DATE		49. (32) DATE		50. (33) DATE
51. (34) DATE		52. (35) DATE		53. (36) DATE
54. (37) DATE		55. (38) DATE		56. (39) DATE
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201. (184) DATE		202. (185) DATE		203. (186) DATE
204. (187) DATE		205. (188) DATE		206. (189) DATE
207. (190) DATE		208. (191) DATE		

Block 21 - Commodity description and/or National Stock Number (NSN)

- ❖ Enter noun or nomenclature, the description of commodity, and the NSN or part number



1620-01-HR2-2302

Landing Gear, Nose

Block 22 - Type of pack (see next slide for codes)

- ❖ Enter appropriate code from table in Section C, 41 CFR 101-40.4901-361-1 for outer package configuration



***BX - for “box”
CN - for “can”
PC - for
“piece”***

TRANSFORMATION DISCREPANCY REPORT		DATA		1. RESEARCH NUMBER		DATE OF REPORT (MM/YY)	
<input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY		<input type="checkbox"/> INITIAL ACTION/ION		<input type="checkbox"/> REACT		<input type="checkbox"/> REACTION/ANALYSIS/PROBLEMS	
7. ID		8. OPERATIONAL ACTIVITY					
7.1. COUNTRANK		8.1. COUNTRANK					
7.2. SUPPORT		8.2. COUNTRANK PLANNING AND IDENTIFICATION					
7.3. POINT OF ORIGIN		8.3. COUNTRANK PLANNING AND IDENTIFICATION					
7.4. DESTINATION		8.4. LIST OF COUNTRANK ACTIVITIES					
9. ISSUE CODE		10. DATE OF REPORT		11. DATE OF ACTION		12. NAME OF PERSON CONTACTED	
13. LOCAL NUMBER AND LOCATION		14. COMMENTS					
15. COUNTRY OF ORIGIN		16. COUNTRY OF DESTINATION		17. COUNTRY OF TRANSFER		18. COUNTRY OF TRANSFER	
19. COUNTRY OF TRANSFER		20. COUNTRY OF TRANSFER		21. COUNTRY OF TRANSFER		22. COUNTRY OF TRANSFER	
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195. COUNTRY OF TRANSFER		196.					

Code

BD
BE
BG
BL
BS
BX
CA
CB
CC
CL
CN
CO
CR
CS
CT
CU
CW
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DB
DR
EC
ED
FK
HA
KE
LS
MW

MX
PC
PL
PT
RL
RO
RT
SA
SB
SD
SH
SL
SW
TB
TK
TU
UX
VC
VE
VO
VS

Type of Pack Code

- Bundle
- Bale
- Bag, burlap or cloth.
- Barrel.
- Basket
- Box
- Cabinet.
- Carboy.
- Household goods containers, wood, type 11 (Fed. Spec. PPP-B-580).
- Coil.
- Can.
- Container, other than CU, CW, or X.
- Crate.
- Case.
- Carton.
- Container, Navy cargo, transporter.
- Container, commercial highway lift (PTTC).
- Cylinder.
- Dufflebag.
- Drum.
- Engine container.
- Engine cradle or dolly.
- Footlocker.
- Hamper.
- Keg.
- Loose, not packaged.
- Multiwall container (formerly referred to as triple wall or tri-wall secured or attached to a warehouse pallet).
- Mixed (more than one type of shipping container).
- Piece.
- Pail.
- Palletized unit load (other than code MW).
- Reel.
- Roll.
- Roll-on/roll-off trailer.
- Sack, paper.
- Skid box.
- Skid.
- Sheet.
- Spool.
- Suitcase.
- Tub.
- Trunk.
- Tube.
- Unitized (unitized cargo on roll-on/roll-off vehicles is considered roll-on/roll-off).
- Van chassis.
- Vehicle.
- Vehicle in operating condition.
- SEAVAN-TOTE.

The image shows a sample of a Transportation Discrepancy Report (Block 23) form. The form is divided into several sections:

- Section 1: General Information** (Top section, including fields for date, location, and report number).
- Section 2: Discrepancy Details** (Middle section, including fields for quantity, date, and location).
- Section 3: Remarks** (Bottom section, for additional information).

The form is titled "TRANSPORTATION DISCREPANCY REPORT" and includes a "PART 1" section. The "REMARKS" section is highlighted in red. The form is used to report discrepancies in freight quantities.

Block 23 - Quantity discrepant (pieces)

- ❖ Enter actual number of pieces of discrepant freight - the difference in the quantity delivered and the quantity shown on the bill of lading or governing transportation document or the number of pieces damaged

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:

- Section 1: General Information** (Carrier, Consignee, Commodity, etc.)
- Section 2: Discrepancy Information** (Type of discrepancy, Date of discovery, etc.)
- Section 3: Cause of Discrepancy** (A table with columns for Cause, Code, and Remarks)
- Section 4: Signature and Date** (Carrier, Consignee, etc.)

Block 24 - Type and cause code (see next slide for codes)

- ❖ Enter appropriate code from table in Section D, 41 CFR 101-40.4901-361-1, which most clearly identifies the type and cause of the discrepancy



SP - for “pilferage”
DV - for “vandalism”
XS - for “Signature Security Service violations”

TRANSPORTATION DISCREPANCY REPORT

1. REPORT NUMBER: [] 2. DATE: [] 3. REPORTING OFFICE: []

4. REQUEST FOR INFORMATION: [] 5. INITIAL INVESTIGATION: [] 6. INITIAL INVESTIGATION: []

7. TO: [] 8. FROM: [] 9. REPORTING OFFICE: []

10. DISCREPANCY: [] 11. DAMAGE: []

12. CARRIER: [] 13. CARRIER'S POLICE OFFICE: []

14. NAME OF CARRIER: [] 15. NAME OF CARRIER'S POLICE OFFICE: []

16. DESCRIPTION: [] 17. NAME OF CARRIER'S POLICE OFFICE: []

18. NAME OF CARRIER'S POLICE OFFICE: []

19. NAME OF CARRIER'S POLICE OFFICE: []

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97. NAME OF CARRIER'S POLICE OFFICE: []

98. NAME OF CARRIER'S POLICE OFFICE: []

99. NAME OF CARRIER'S POLICE OFFICE: []

100. NAME OF CARRIER'S POLICE OFFICE: []

Code Type and Cause Code

ASTRAY

A3 Incomplete marking or missing label or tag.
A4 Defaced or illegible marking.
AA Unknown.

OVERAGE

O5 Improper documentation.
O3 Incomplete marking or missing label or tag.
O4 Defaced or illegible marking.
OK Improper loading or stowing.
OO Unknown.

SHORTAGE

SL Leakage, spoilage, or evaporation.
S5 Improper documentation.
ST Theft.
SP Pilferage.
SI Status ``W" cargo (MTMC terminal use only).
SK Improper loading or stowing.
SS Unknown.

DAMAGE

DF Fire.
DK Improper loading, stowing, lashing, blocking, and bracing.
D6 Materials handling equipment.
D1 Marine Casualty.
DG Spoilage.
DQ Rough handling.
D2 Stevedoring.
DE Water damage.
DW Wreck.
DV Vandalism.
DZ Concealed damage.
DD Unknown.

OTHER

XB Broken, missing, improper, or inadequate seals.
XC Special contract or carrier services not provided on unclassified or nonprotected cargo.
XH Excess transit time.
X3 Incomplete marking or missing label or tag.
X4 Defaced or illegible marking.
XJ Improper carrier handling, service, or equipment.
XK Improper loading, stowing, lashing, blocking, or bracing (if no actual damage).
XL Certification of hazardous material (DD Form 1387-2) missing or incorrect.
XM Improper marking or labeling of dangerous or hazardous material.
XN Misconsignment.
XR Government transportation regulations, carrier tariff or tender agreements, not observed on classified or protected material.
XS Signature Security Service violations.
XX Not specified above (described in remarks).

The image shows a sample of a 'TRANSPORTATION DISCREPANCY REPORT' form. The form is divided into several sections, including 'PART 1: GENERAL INFORMATION', 'PART 2: DISCREPANCY INFORMATION', and 'PART 3: REMARKS'. It contains various fields for reporting discrepancies in cargo, such as 'DATE OF DISCOVERY', 'LOCATION OF DISCOVERY', 'DESCRIPTION OF DISCREPANCY', and 'REMARKS'. The form is presented as a sample, with some fields filled in and others left blank.

Block 25 - Unit of issue

- ❖ Enter 2-position alpha abbreviation of the type of unit under which material was issued - refer to shipping document or packing list



EA - for “each”

PG - for “package”

FT - for “feet”

TRANSPORTATION DISCREPANCY REPORT

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE: TIME: LOCATION:

DESCRIPTION:

REMARKS:

UNIT OF CARRIER: TYPE OF CARRIER:

SIGNATURE:

Block 26 - Units billed/ shipped

- ❖ Enter actual number of units of issued billed (invoiced) or shipped as shown on the applicable shipping document/packing list

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. REPORT NUMBER	3. DATE OF INCIDENT (MM/DD/YY)
4. INCIDENT CATEGORY		5. INCIDENT TYPE		6. INCIDENT LOCATION
7. TO		8. FROM		9. MODE
10. CARRIER		11. CARRIER		
12. DATE		13. TIME		
14. TYPE OF INCIDENT		15. INCIDENT DESCRIPTION		
16. DATE		17. TIME		
18. NAME OF CARRIER		19. NAME OF CARRIER		
20. NAME OF CARRIER		21. NAME OF CARRIER		
22. NAME OF CARRIER		23. NAME OF CARRIER		
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182. NAME OF CARRIER		183. NAME OF CARRIER		
184. NAME OF CARRIER		185. NAME OF CARRIER		

Block 27 - Discrepant units

❖ **Enter actual number of units lost or damaged**

TRANSPORTATION DISCREPANCY REPORT		1. DATE		2. REPORT NUMBER		3. CASE NUMBER	
4. REQUEST FOR INFORMATION (RFI) <input type="checkbox"/> 5. INITIAL INVESTIGATION <input type="checkbox"/> 6. INITIAL INVESTIGATION <input type="checkbox"/> 7. INITIAL INVESTIGATION <input type="checkbox"/>							
8. TO				9. FROM			
10. DISCREPANCY				11. DISCREPANCY			
12. DISCREPANCY				13. DISCREPANCY			
14. DISCREPANCY				15. DISCREPANCY			
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94. DISCREPANCY				95. DISCREPANCY			
96. DISCREPANCY				97. DISCREPANCY			
98. DISCREPANCY				99. DISCREPANCY			
100. DISCREPANCY				101. DISCREPANCY			

Block 28 - Discrepant weight

- ❖ Enter total weight of the discrepant pieces shown in block 23

TRANSPORTATION DISCREPANCY REPORT		1. DATE		2. REPORT NUMBER		3. OFFICE ADDRESS Date: _____	
4. REQUEST FOR INVESTIGATION BY		5. CASE#		6. REPORTING OFFICE			
7. TO		8. INITIAL DETECTION		9. INITIAL-LEADS/PROBLEMS			
1. CONDUCTOR		1. CONDUCTOR					
2. DETAIL		2. CONDUCTOR					
3. DATE		3. CONDUCTOR					
4. TYPE OF CRIME		4. CONDUCTOR					
5. DETECTION		5. CONDUCTOR					
6. DATE OF CRIME		6. CONDUCTOR					
7. DATE OF CRIME		7. CONDUCTOR					
8. DATE OF CRIME		8. CONDUCTOR					
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70. DATE OF CRIME		70. CONDUCTOR					
71. DATE OF CRIME		71. CONDUCTOR					
72. DATE OF CRIME		72. CONDUCTOR					
73. DATE OF							

Block 29 - Value or cost of repairs

- ❖ For a shortage, enter the actual value of material lost
- ❖ For a damage, enter the repair cost (including transportation charges to and from a repair facility, cost estimates, etc.)
- ❖ For damage beyond economical repair, enter the replacement cost of material
- ❖ For over or astray freight, enter the actual value of material

TRANSPORTATION SECURITY REPORT		1. DATE	2. CARRIER/VEHICLE		3. DATE OF ARRIVAL DD-MO-YY	
4. <input type="checkbox"/> REQUEST FOR INFORMATION ONLY		5. <input type="checkbox"/> INITIAL INVESTIGATION		6. <input type="checkbox"/> MATCH-LABELS/FEEDBACK		
7. TO		8. INFORMATION ACTIVITY				
9. CONTAINER		10. CONTAINER				
11. SUPPLY		12. LOGGED OUTSIDE AND IDENTIFICATION				
13. PAGE OF TOTAL		14. NUMBER OF TRANSPORT ROLL IN				
15. REFERENCE		16. NAME OF CARRIER/VEHICLE				
17. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		18. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		19. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		20. NAME OF INVESTIGATOR
21. DATA NUMBER AND POSITION		22. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		23. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		24. NAME OF INVESTIGATOR
25. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		26. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		27. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		28. NAME OF INVESTIGATOR
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33. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		34. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		35. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		36. NAME OF INVESTIGATOR
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41. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		42. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		43. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		44. NAME OF INVESTIGATOR
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125. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		126. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		127. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		128. NAME OF INVESTIGATOR
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133. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		134. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		135. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		136. NAME OF INVESTIGATOR
137. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		138. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		139. <input type="checkbox"/> STOP - DO NOT PROCEED WITH THIS INVESTIGATION		140. NAME OF INVESTIGATOR

Block 30 - Remarks

- ❖ **Use this block to --**
 - ❖ **request information needed for investigating the discrepancy**
 - ❖ **notify carrier of a discrepancy in the shipment**
 - ❖ **report miscellaneous problems for shipper correction**
 - ❖ **indicate photographs (if available), documents or information the shipper or carrier may not have which will aid in a reply**
 - ❖ **report miscellaneous problems not involving a claim and furnish detailed data indicating responsibility**
 - ❖ **report security or hazardous material violations on shipments of classified, protected, or hazardous material**

The image shows a sample of a Transportation Discrepancy Report (TDR) form, specifically Block 31. The form is titled "TRANSPORTATION DISCREPANCY REPORT" and includes sections for "PART 1" and "PART 2". It contains various fields for reporting discrepancies, such as "TO", "FROM", "DATE", "TIME", "LOCATION", "DESCRIPTION", "CAUSE", "EFFECT", "ACTION", and "REMARKS". The form is highlighted with a red border.

Blocks 31 A, B, C and D

- ❖ enter your name in block 31A
- ❖ enter your title in block 31B
- ❖ enter your voice telephone number in block 31C
- ❖ sign the TDR in block 31D
- ❖ ALSO, in block 31D, print or type your fax number and email address

The image shows a sample of a Transportation Discrepancy Report (Block 32) form. The form is titled "TRANSPORTATION DISCREPANCY REPORT" and is divided into several sections. The top section is for "PART 1" and includes fields for "TO" (Request for Information/Reply), "FROM" (Initial/Reply/Information), and "SUBJECT". Below this is "PART 2" which includes fields for "TO" (Request for Information/Reply), "FROM" (Initial/Reply/Information), and "SUBJECT". The form also includes a section for "PART 3" which is a table for "DISCREPANCY INFORMATION". The table has columns for "DATE OF DISCREPANCY", "LOCATION OF DISCREPANCY", "DESCRIPTION OF DISCREPANCY", "CAUSE OF DISCREPANCY", "ACTION TAKEN", and "DATE OF COMPLETION". The bottom section of the form is for "PART 4" which includes fields for "TO" (Request for Information/Reply), "FROM" (Initial/Reply/Information), and "SUBJECT".

Block 32 - Reply

Use this block to:

- ❖ **reply to any questions asked in block 30**
- ❖ **furnish any information to aid investigation of the discrepancy**

**This is
the back
side of
the SF
361
TDR**

SF 361 (PAGE 2)

PART II - (FOR CLAIMS PURPOSES)

34. THIS IS A SURVEY DOCUMENT.

☐ YES ☐ NO

35. DATE

36. TO

37. RESPONSIBILITY

☐ CARRIER ☐ SHIPPER/CONTRACTOR ☐ TRANS. SHIPPING ACTIVITY ☐ RECEIVER ☐ OTHER (Specify)

38. EXCEPTION NOTED ON CARRIERS DELIVERY RECEIPT? (If "NO," explain in Remarks)

☐ YES ☐ NO

39. DOCUMENTS ATTACHED (If "YES," list in Remarks)

☐ YES ☐ NO

40. PHOTOGRAPHS ATTACHED?

☐ YES ☐ NO

41. INSPECTION DATA

☐ CARRIER INSPECTED (Report attached) ☐ INSPECTION WAIVED (Waiver attached) ☐ ORAL WAIVER (Provide name, title, and date in Remarks) ☐ GOVERNMENT INSPECTED (Report attached)

42. DISPOSITION DATA

☐ REJECTED (Receipt attached) ☐ REPAIRED AT GOVERNMENT EXPENSE (Bill attached) ☐ OTHER (Explain in Remarks)

43. REMARKS (See preparation instructions of covering regulation for suggested information)

44. DISTRIBUTION OF COPIES

45A. NAME OF PREPARER (Type or print)

45B. TITLE

45C. TELEPHONE

45D. SIGNATURE

46. ACTION BY REVIEWING OFFICIALS

A. ABOVE ITEMS HAVE BEEN

☐ EXPENDED
☐ RECEIVED

B. INVENTORY ACCOUNT

C. CHARGE/TRANSFER TO:

D. ACCOUNTING CLASSIFICATION



E. APPROVED TO HOLD

RESPONSIBLE IN THE AMOUNT OF \$

(Name)

F. APPROVING OFFICIAL



NAME (Type or print)

TITLE

SIGNATURE

DATE

47. ACTION BY CLAIMS OFFICE

CLAIMS

PART II - FOR CLAIMS PURPOSES

TO: ☐ YES ☐ NO

DATE:

1. CLAIMANT'S INFORMATION

NAME:

ADDRESS:

CITY: STATE: ZIP:

2. CARRIER'S INFORMATION

NAME:

ADDRESS:

CITY: STATE: ZIP:

3. CLAIM INFORMATION

DATE OF LOSS:

DESCRIPTION OF LOSS:

4. CLAIMANT'S STATEMENT

5. CARRIER'S STATEMENT

6. APPROVED TO HOLD

7. APPROVED TO HOLD

8. APPROVED TO HOLD

9. APPROVED TO HOLD

10. APPROVED TO HOLD

11. APPROVED TO HOLD

12. APPROVED TO HOLD

13. APPROVED TO HOLD

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Part II - For Claims Purposes

- ❖ when Part I is complete and all supporting documentation for the claim is assembled, complete Part II to support formal claim filed against the carrier
- ❖ this information will not be disclosed to the carrier

1. CLAIMANT'S NAME PART 1 (FOR CLAIMS PURPOSES)		2. TYPE OF CLAIMS DOCUMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		3. DATE	
4. TO					
5. RESPONSIBILITY <input type="checkbox"/> OWNER <input type="checkbox"/> SUPERINTENDENT <input type="checkbox"/> DESIGNER <input type="checkbox"/> OTHER					
6. DOCUMENTS ATTACHED TO THIS CLAIM (Check all that apply) <input type="checkbox"/> YES <input type="checkbox"/> NO					
7. CLAIMANT'S NAME <input type="checkbox"/> YES <input type="checkbox"/> NO					
8. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					
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Block 34 - This is a Survey Document

❖ indicate “No”

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1. REPORTING AGENCY 2. FOR A PART (FOR CLIMATE PURPOSES)		3. DATE OF REPORT 4. DATE	
5. TO		6. DATE	
7. REVIEWABLE a. CLIMATE <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> OTHER <input type="checkbox"/> b. DOCUMENTS ATTACHED TO THE "FOR A PART" <input type="checkbox"/> PHOTOGRAPHS ATTACHED <input type="checkbox"/> c. CLIMATE <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> OTHER <input type="checkbox"/>			
8. REVIEWABLE a. CLIMATE <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> OTHER <input type="checkbox"/> b. DOCUMENTS ATTACHED TO THE "FOR A PART" <input type="checkbox"/> PHOTOGRAPHS ATTACHED <input type="checkbox"/> c. CLIMATE <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> OTHER <input type="checkbox"/>			
9. REMARKS (For supplementary information of meeting regarding for suggested information)			
10. DISTRIBUTION OF COPIES			
11. DATE OF PREPARATION (Type in date)		12. DATE	
13. DATE		14. DATE	
15. ACTION BY REVIEWING OFFICIALS			
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Block 35 - Date

❖ **enter Julian date when Part II was completed**

CLAIMS FORM PART 1 (FOR CLAIM PURPOSES)		IS THIS A REVISED SUBMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A <input type="checkbox"/> YES <input type="checkbox"/> NO
IN TO			
1. RESPONSIBILITY <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR/INSTRUCTOR <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER			
2. DOCUMENTS ATTACHED TO THIS CLAIM (See A-1) <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. REPORTING DATA <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO			
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Block 36 - To

- ❖ enter name, address, and zip code of appropriate office to which the TDR package for claim action is to be sent

Block 37 - Responsibility

- ❖ transportation or appropriate receiving personnel normally make this determination based on the facts and evidence available
- ❖ check appropriate block
- ❖ if there is insufficient evidence to make a determination, indicate “Other” and enter “Unknown”

UNCLASSIFIED PART 1 (FOR CLAIMS PURPOSES)		IS THIS A REVISED RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A RECEIPT
TO:			
1. RESPONSIBILITY <input type="checkbox"/> DRIVER <input type="checkbox"/> SUPERSEDITION/RECEIPT <input type="checkbox"/> OTHER <input type="checkbox"/> RECEIVED <input type="checkbox"/> OTHER			
2. DOCUMENTS ATTACHED TO THIS RECEIPT (SEE INSTRUCTIONS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. REASON FOR THIS RECEIPT <input type="checkbox"/> DRIVER'S RESPONSIBILITY <input type="checkbox"/> SUPERSEDITION/RECEIPT <input type="checkbox"/> OTHER			
4. REMARKS (See separate instructions of marking regarding the suggested information)			
5. DISTRIBUTION OF COPIES a. NAME OF PREPARED (Type or print) b. TITLE c. SIGNATURE			
6. ACTION BY REVIEWING OFFICIALS a. APPROVED TO HOLD b. APPROVED TO HOLD c. APPROVED TO HOLD			
7. APPROVED TO HOLD a. APPROVED TO HOLD b. APPROVED TO HOLD c. APPROVED TO HOLD			
8. APPROVED TO HOLD a. APPROVED TO HOLD b. APPROVED TO HOLD c. APPROVED TO HOLD			

Block 38 - Exception noted on carrier's delivery receipt

- ❖ check the appropriate block
- ❖ if “No” is checked, give the reason in block 43

Block 40 - Photograph attached?

- ❖ check the appropriate block
- ❖ if photographs are included, be sure to send the *originals* - keep a copy of photos in your file copy of TDR packet
- ❖ **do not fax** photocopies of photographs - they do not transmit successfully

1. REPORTING AGENCY 2. FORN COUNTRY (PURPOSE)		3. U.S. BUREAU DOCUMENT 4. DATE	
5. TO		6. DATE	
7. REVIEWABLE a. CLASS <input type="checkbox"/> DISSEMINATION <input type="checkbox"/> NO DISSEMIN <input type="checkbox"/> RECLASS <input type="checkbox"/> OTHER _____ b. IS DOCUMENT ATTACHED TO THIS FORM REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PHOTOGRAPHS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			
8. REVIEWER'S COMMENTS a. REVIEWER'S 1. NAME _____ 2. DESIGNATION _____ 3. DATE _____ 4. REASON FOR REVIEW _____ 5. REVIEWER'S SIGNATURE _____ 6. REVIEWER'S TITLE _____ 7. REVIEWER'S ADDRESS _____ 8. REVIEWER'S PHONE _____ 9. REVIEWER'S FAX _____ 10. REVIEWER'S E-MAIL _____ 11. REVIEWER'S SIGNATURE _____ 12. REVIEWER'S TITLE _____ 13. REVIEWER'S ADDRESS _____ 14. REVIEWER'S PHONE _____ 15. REVIEWER'S FAX _____ 16. REVIEWER'S E-MAIL _____ 17. REVIEWER'S SIGNATURE _____ 18. REVIEWER'S TITLE _____ 19. REVIEWER'S ADDRESS _____ 20. REVIEWER'S PHONE _____ 21. REVIEWER'S FAX _____ 22. REVIEWER'S E-MAIL _____ 23. REVIEWER'S SIGNATURE _____ 24. REVIEWER'S TITLE _____ 25. REVIEWER'S ADDRESS _____ 26. REVIEWER'S PHONE _____ 27. REVIEWER'S FAX _____ 28. REVIEWER'S E-MAIL _____ 29. REVIEWER'S SIGNATURE _____ 30. REVIEWER'S TITLE _____ 31. REVIEWER'S ADDRESS _____ 32. REVIEWER'S PHONE _____ 33. REVIEWER'S FAX _____ 34. REVIEWER'S E-MAIL _____ 35. REVIEWER'S SIGNATURE _____ 36. REVIEWER'S TITLE _____ 37. REVIEWER'S ADDRESS _____ 38. REVIEWER'S PHONE _____ 39. REVIEWER'S FAX _____ 40. REVIEWER'S E-MAIL _____ 41. REVIEWER'S SIGNATURE _____ 42. REVIEWER'S TITLE _____ 43. REVIEWER'S ADDRESS _____ 44. REVIEWER'S PHONE _____ 45. REVIEWER'S FAX _____ 46. REVIEWER'S E-MAIL _____ 47. REVIEWER'S SIGNATURE _____ 48. REVIEWER'S TITLE _____ 49. REVIEWER'S ADDRESS _____ 50. REVIEWER'S PHONE _____ 51. REVIEWER'S FAX _____ 52. REVIEWER'S E-MAIL _____ 53. REVIEWER'S SIGNATURE _____ 54. REVIEWER'S TITLE _____ 55. REVIEWER'S ADDRESS _____ 56. REVIEWER'S PHONE _____ 57. REVIEWER'S FAX _____ 58. REVIEWER'S E-MAIL _____ 59. REVIEWER'S SIGNATURE _____ 60. REVIEWER'S TITLE _____ 61. REVIEWER'S ADDRESS _____ 62. REVIEWER'S PHONE _____ 63. REVIEWER'S FAX _____ 64. REVIEWER'S E-MAIL _____ 65. REVIEWER'S SIGNATURE _____ 66. REVIEWER'S TITLE _____ 67. REVIEWER'S ADDRESS _____ 68. REVIEWER'S PHONE _____ 69. REVIEWER'S FAX _____ 70. REVIEWER'S E-MAIL _____ 71. REVIEWER'S SIGNATURE _____ 72. REVIEWER'S TITLE _____ 73. REVIEWER'S ADDRESS _____ 74. REVIEWER'S PHONE _____ 75. REVIEWER'S FAX _____ 76. REVIEWER'S E-MAIL _____ 77. REVIEWER'S SIGNATURE _____ 78. REVIEWER'S TITLE _____ 79. REVIEWER'S ADDRESS _____ 80. REVIEWER'S PHONE _____ 81. REVIEWER'S FAX _____ 82. REVIEWER'S E-MAIL _____ 83. REVIEWER'S SIGNATURE _____ 84. REVIEWER'S TITLE _____ 85. REVIEWER'S ADDRESS _____ 86. REVIEWER'S PHONE _____ 87. REVIEWER'S FAX _____ 88. REVIEWER'S E-MAIL _____ 89. REVIEWER'S SIGNATURE _____ 90. REVIEWER'S TITLE _____ 91. REVIEWER'S ADDRESS _____ 92. REVIEWER'S PHONE _____ 93. REVIEWER'S FAX _____ 94. REVIEWER'S E-MAIL _____ 95. REVIEWER'S SIGNATURE _____ 96. REVIEWER'S TITLE _____ 97. REVIEWER'S ADDRESS _____ 98. REVIEWER'S PHONE _____ 99. REVIEWER'S FAX _____ 100. REVIEWER'S E-MAIL _____ 101. REVIEWER'S SIGNATURE _____ 102. REVIEWER'S TITLE _____ 103. REVIEWER'S ADDRESS _____ 104. REVIEWER'S PHONE _____ 105. REVIEWER'S FAX _____ 106. REVIEWER'S E-MAIL _____ 107. REVIEWER'S SIGNATURE _____ 108. REVIEWER'S TITLE _____ 109. REVIEWER'S ADDRESS _____ 110. REVIEWER'S PHONE _____ 111. REVIEWER'S FAX _____ 112. REVIEWER'S E-MAIL _____ 113. REVIEWER'S SIGNATURE _____ 114. REVIEWER'S TITLE _____ 115. REVIEWER'S ADDRESS _____ 116. REVIEWER'S PHONE _____ 117. REVIEWER'S FAX _____ 118. REVIEWER'S E-MAIL _____ 119. REVIEWER'S SIGNATURE _____ 120. REVIEWER'S TITLE _____ 121. REVIEWER'S ADDRESS _____ 122. REVIEWER'S PHONE _____ 123. REVIEWER'S FAX _____ 124. REVIEWER'S E-MAIL _____ 125. REVIEWER'S SIGNATURE _____ 126. REVIEWER'S TITLE _____ 127. REVIEWER'S ADDRESS _____ 128. REVIEWER'S PHONE _____ 129. REVIEWER'S FAX _____ 130. REVIEWER'S E-MAIL _____ 131. REVIEWER'S SIGNATURE _____ 132. REVIEWER'S TITLE _____ 133. REVIEWER'S ADDRESS _____ 134. REVIEWER'S PHONE _____ 135. REVIEWER'S FAX _____ 136. REVIEWER'S E-MAIL _____ 137. REVIEWER'S SIGNATURE _____ 138. REVIEWER'S TITLE _____ 139. REVIEWER'S ADDRESS _____ 140. REVIEWER'S PHONE _____ 141. REVIEWER'S FAX _____ 142. REVIEWER'S E-MAIL _____ 143. REVIEWER'S SIGNATURE _____ 144. REVIEWER'S TITLE _____ 145. REVIEWER'S ADDRESS _____ 146. REVIEWER'S PHONE _____ 147. REVIEWER'S FAX _____ 148. REVIEWER'S E-MAIL _____ 149. REVIEWER'S SIGNATURE _____ 150. REVIEWER'S TITLE _____ 151. REVIEWER'S ADDRESS _____ 152. REVIEWER'S PHONE _____ 153. REVIEWER'S FAX _____ 154. REVIEWER'S E-MAIL _____ 155. REVIEWER'S SIGNATURE _____ 156. REVIEWER'S TITLE _____ 157. REVIEWER'S ADDRESS _____ 158. REVIEWER'S PHONE _____ 159. REVIEWER'S FAX _____ 160. REVIEWER'S E-MAIL _____ 161. REVIEWER'S SIGNATURE _____ 162. REVIEWER'S TITLE _____ 163. REVIEWER'S			

Block 42 - Disposition data

- ❖ **check the appropriate block**
- ❖ **attach required documents,
or enter explanation in block
43**

Block 43 - Remarks

- ❖ enter detailed information or data which will aid the claims office in filing a claim
- ❖ indicate the facts only - do not state personal opinions unless substantiated by documentation such as affidavits or certified statements
- ❖ list documents attached to support the discrepancy

Attachment 2		IN 2-1 (Rev. 8-2-2012) (Instructions)		IN 2012
PART 1 - (FOR CLAIM PURPOSES)				
IN 10		<input type="checkbox"/> YES <input type="checkbox"/> NO		
7. REQUIREMENTS				
<input type="checkbox"/> OTHER <input type="checkbox"/> SUMMARY INFORMATION <input type="checkbox"/> OTHER APPROVED <input type="checkbox"/> RECOVER <input type="checkbox"/> OTHER				
8. DOCUMENTS ATTACHED TO SUPPORT CLAIM		9. DOCUMENTS ATTACHED TO "YES" FOR IN RECOVER		
<input type="checkbox"/> IN 100 <input type="checkbox"/> OTHER RELEVANT		<input type="checkbox"/> PHOTOGRAPHS ATTACHED		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
10. APPROVED CLAIMS		11. DISAPPROVED CLAIMS		
<input type="checkbox"/> APPROVED <input type="checkbox"/> RECOVERED <input type="checkbox"/> RECOVERED		<input type="checkbox"/> DISAPPROVED <input type="checkbox"/> DISAPPROVED		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. RECOVER (See appropriate instructions of recovery regarding suggested information)				
13. DETERMINATION OF CLAIMS				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. ACTION BY REVIEWING OFFICIALS				
A. ACTION BY REVIEWING OFFICIALS		B. CLAIMS TO BE REVIEWED		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
15. ACTION BY CLAIMS OFFICE				

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Block 46 - Action by reviewing officials

- ❖ **Sections A, B, C, and D are used for inventory and financial adjustments of accounts in accordance with individual service/agency regulations**
- ❖ **Sections E and F used by the Coast Guard**

**Not
required
for
the
Coast
Guard**

UNCLASSIFIED PART 4 (FOR CLAIMS PURPOSES)		IS THIS A REVISED SUBMITTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A <input type="checkbox"/> YES <input type="checkbox"/> NO
TO:			
1. RESPONSIBILITY <input type="checkbox"/> OWNER <input type="checkbox"/> SUPERSEDED/RETRACTED <input type="checkbox"/> OTHER <input type="checkbox"/> RECEIVED <input type="checkbox"/> OTHER			
2. DOCUMENTS ATTACHED TO THIS CLAIM (SEE INSTRUCTIONS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. REPORTING DATA <input type="checkbox"/> REPORT CATEGORY <input type="checkbox"/> REPORT CATEGORY <input type="checkbox"/> REPORT CATEGORY <input type="checkbox"/> REPORT CATEGORY			
4. REMARKS (See preparation instructions on covering page for suggested format)			
5. DISTRIBUTION OF COPIES a. NAME OF PREPARED (Type or print) b. TITLE c. SIGNATURE			
6. APPROVED TO HOLD a. NAME (Type or print) b. TITLE c. SIGNATURE			
7. ACTION BY CLAIMS OFFICE			

Block 47 - Action by claims office

- ❖ for use by claims office, as required
- ❖ primarily for DoD use

**Not
require
d for
the
Coast
Guard**

[illegible][illegible]

**If you have any problems or questions -
give us a call or send an email. We are
here to help you be a success!**

Claims Section

**Andrea F.Davis, Claims Unit
Chief**

Andrea.F.Davis@uscg.mil

757-523-6947

Christopher T. Gibbs

Traffic Management Specialist

Christopher.T.Gibbs@uscg.mil